Kentucky New Hire Reporting Form

Mail completed form to: Kentucky New Hire Reporting Center
P.O. Box 3818
Dublin, OH 43016

Or fax completed form to: 1-800-817-0099

We also offer fast and easy-to-use online reporting options. For more information please visit our website at www.ky-newhire.com or call us toll-free at 1-800-817-2262.

**EMPLOYER INFORMATION**

Federal Employer Identification Number (FEIN): ____________-

(Please make certain you use the same 9-digit FEIN you use to report your quarterly wage information)

Kentucky Employer Identification Number (KEIN): ____________-

Employer Name: ______________________________________

Address: ________________________________________________

(Please indicate the address where the Income Withholding Order should be sent)

City: __________________________ State: ______ Zip Code: ____________ +4: __________

Contact Name: ______________________ E-mail Address: __________________

Phone Number: _______ - _______ - _______ Fax Number: _______ - _______ - _______

**COMPLETE ONE ENTRY FOR EACH NEW OR REHIRED EMPLOYEE**

**EMPLOYEE INFORMATION**

Social Security Number: ____________-

First Name: ___________________ Middle Name: ___________________ Last Name: ___________________

Employee Address: __________________________________________

City: __________________________ State: ______ Zip Code: ____________ +4: __________

Date of Hire: ____________ 

*Date of Birth: ____________

Is medical insurance available to this employee? Yes ____ No ____

* OPTIONAL

**EMPLOYEE INFORMATION**

Social Security Number: ____________-

First Name: ___________________ Middle Name: ___________________ Last Name: ___________________

Employee Address: __________________________________________

City: __________________________ State: ______ Zip Code: ____________ +4: __________

Date of Hire: ____________

*Date of Birth: ____________

Is medical insurance available to this employee? Yes ____ No ____

* OPTIONAL

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Reports will not be processed without all of the above mandatory information

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